

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000026057 (7)**

1. Corporation Name

**THERATOUCH MASSAGE, INC.**

Principal Place of Business

**11440 LAKEVIEW DRIVE  
CORAL SPRINGS FL 33071  
US**

Mailing Address

**11440 LAKEVIEW DRIVE  
CORAL SPRINGS FL 33071  
US**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>04/01/1994</b>	
<b>21</b> <b>14553 BARWICK RD.</b>	<b>26</b> <b>14553 BARWICK RD.</b>	<b>4. FEI Number</b> <b>65-0499588</b>		<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>22</b>		<b>27</b>		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		<b>7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>23</b> <b>Delray Bch, FL.</b>	<b>28</b> <b>Delray Bch, FL.</b>				
Zip	Country	Zip	Country		
<b>24</b> <b>33445</b>	<b>25</b> <b>Palm Bch</b>	<b>29</b> <b>33445</b>	<b>30</b> <b>Palm Bch</b>		
<b>9. Name and Address of Current Registered Agent</b>				<b>10. Name and Address of New Registered Agent</b>	
<b>ROHAN, AMY J.</b>				<b>81 Name</b> <b>Amy J. Rohan</b>	
<b>11440 LAKEVIEW DRIVE</b>				<b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>14553 Barwick Road</b>	
<b>CORAL SPRINGS FL 33071</b>				<b>83</b>	
				<b>84 City</b> <b>Delray Bch</b> <b>FL</b> <b>85 Zip Code</b> <b>33445</b>	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b>	<b>P</b>	<b>1.1 TITLE</b>	<b>P</b>
<b>NAME</b>	<b>ROHAN, AMY J.</b>	<b>1.2 NAME</b>	<b>ROHAN, Amy J.</b>
<b>STREET ADDRESS</b>	<b>11440 LAKEVIEW DRIVE</b>	<b>1.3 STREET ADDRESS</b>	<b>14553 Barwick Rd.</b>
<b>CITY-ST-ZIP</b>	<b>CORAL SPRINGS FL 33071</b>	<b>1.4 CITY-ST-ZIP</b>	<b>Delray Bch, FL. 33445</b>
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>2.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>2.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>2.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>3.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>3.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>4.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>4.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>5.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>5.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>6.4 CITY-ST-ZIP</b>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/98 561-637-8308

CR2E034 (10/97)